

ANMC Pediatric Acute Otitis Media (AOM) Treatment Guidelines

Diagnosis Criteria	Severe Symptoms	Observation Criteria
<ul style="list-style-type: none"> ▪ New onset of otorrhea (not related to AOE) ▪ Mild TM bulging and recent (less than 48 hrs) onset of ear pain ▪ Moderate to severe TM bulging ▪ Intense erythema of the TM <li style="text-align: center; color: red; font-weight: bold;">PLUS ▪ Presence of middle ear effusion 	<ul style="list-style-type: none"> ▪ Toxic-appearing child ▪ Persistent otalgia >48 hrs ▪ Temp $\geq 39^{\circ}$ C (102.2$^{\circ}$ F) in past 48 hrs 	<ul style="list-style-type: none"> ▪ Patient must have communication and access to healthcare provider ▪ Caregiver agrees with option

Age	Otorrhea with AOM	Unilateral/Bilateral AOM with Severe Symptoms	Bilateral AOM without Otorrhea	Unilateral AOM without Otorrhea
<6 months	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy
6 months – 2 years	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or <u>OBSERVATION</u>
>2 years	Antibiotic therapy	Antibiotic therapy	Antibiotic therapy or <u>OBSERVATION</u>	Antibiotic therapy or <u>OBSERVATION</u>

Antibiotic Selection

	Initial	Treatment Failure (48-72hrs AFTER initial abx failure)
Preferred Treatment	Amoxicillin 80-90mg/kg/day PO divided BID or * Amoxicillin/clavulanate 600mg/42.9mg <i><40kg:</i> 90mg/kg/day amoxicillin component divided BID <i>>40kg:</i> 875mg amoxicillin component PO Q12H	Amoxicillin/clavulanate 600mg/42.9mg 90mg/kg/day in 2 divided doses or Ceftriaxone (50mg/kg IM or IV daily for 3 days)
PCN allergic ^ (non-anaphylactic response)	Cefuroxime 30mg/kg/day in PO divided BID or Cefdinir 14mg/kg/day PO once daily or divided BID or Ceftriaxone 50mg/kg IM or IV daily for 1-3 days	Ceftriaxone (50mg/kg IM or IV daily for 3 days) or Clindamycin (30-40mg/kg/day PO divided TID) or Clindamycin PLUS (cefuroxime, cefdinir or ceftriaxone)
Supportive Medications	Acetaminophen 15mg/kg/dose PO Q4-6H PRN pain or fever, not to exceed 75mg/kg in 24 hours (max 4g in 24 hours) Ibuprofen 5-10mg/kg PO Q8H PRN pain or fever, not to exceed 30mg/kg in 24 hours	

Duration of Therapy

<2 years: 10 days	2-5 years: 7 days	≥ 6 years: 5 days
-----------------------------	--------------------------	--

CONSIDERATIONS

Ensure vaccinations are up to date

* Use **Amoxicillin/clavulanate** if patient received **amoxicillin** within last 30 days, **or** has a history of AOM unresponsive to **amoxicillin** or has purulent conjunctivitis

^ **Cefdinir, cefuroxime, cefpodoxime, and ceftriaxone** are highly unlikely to be associated with cross-reactivity with penicillin allergy on the basis of their distinct chemical structures.

Consider ENT referral if no sign of improvement after 48-72 hours WITH failure of alternative agent

ABX- antibiotic; AOE-Acute otitis externa; AOM-Acute otitis media; TM-Tympanic membrane

Antimicrobial Stewardship Approved 2017